Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 D Employer identification number B Check if applicable NATIONAL ASSOCIATION FOR GUN RIGHTS 54-2015951 Address change Doing Business As E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (888) 874-3006 PO BOX 7002 Terminated **G** Gross receipts \$ 1,653,354 City or town, state or country, and ZIP + 4 FREDERICKSBURG, VA 22404 . Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates?

✓ Yes

✓ No **DUDLEY BROWN** PO BOX 27 □ Yes □ No H(b) Are all affiliates included? WINDSOR, CO 80550 If "No," attach a list (see instructions) H(c) Group exemption number ▶ 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527 Tax-exempt status Website: ► WWW NATIONALGUNRIGHTS ORG K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 2001 M State of legal domicile VA Part I Summary Briefly describe the organization's mission or most significant activities AS AN ADVOCACY GROUP, THE NATIONAL ASSOCIATION FOR GUN RIGHT'S (NAGR) PURPOSE IS TO EDUCATE GUN OWNERS AND GUN RIGHTS' SUPPORTERS ON FIREARMS ISSUES BOTH AT THE LOCAL AND FEDERAL LEVEL NAGR ASSISTS THE GROWING MOVEMENT OF STATE-LEVEL GRASSROOTS GUN RIGHTS ORGANIZATIONS, AS WELL AS, Activities & Governance ORGANIZING GRASSROOTS ADVOCACY AT EVERY LEVEL WITHIN THE UNITED STATES 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets ${f 3}$ Number of voting members of the governing body (Part VI, line 1a) . . Number of independent voting members of the governing body (Part VI, line 1b) . . 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 5 8 Total number of volunteers (estimate if necessary) . . 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a h Net unrelated business taxable income from Form 990-T. line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 1,651,555 432,541 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,799 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 432.541 1,653,354 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 Expenses 137,110 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 64,810 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 200,804$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . 348,669 1,414,121 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 413,479 1,551,231 19 Revenue less expenses Subtract line 18 from line 12 . 19,062 102,123 Assets or defined balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 157,612 21 Total liabilities (Part X, line 26) 31,249 22,328 Net assets or fund balances Subtract line 21 from line 20 24,240 126,363

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any

Sign	****** Signature of officer				2011-06-30 Date	
Here	DUDLEY W BROWN EXECUTIVE DIRECTOR Type or print name and title	₹				
	Print/Type ROBERT A PRICE CPA	Preparer's signature	ROBERT A PRICE CPA	Date 2011-06-23	Check if self- employed •	PTIN
Paid Preparer	Firm's name FROB PRICE CPA & COMPANY P	PC				Firm's EIN 🕨
Jse Only	Firm's address 55 S ELM AVENUE STE 110 EATON, CO 80615					Phone no (970) 454- 3495
1ay the IR	S discuss this return with the preparei	r shown above? (see	e instructions) .			┌Yes ┌No

FOITH	1990 (2010)					Page Z
Par		ent of Program Servi Schedule O contains a resp		Part III		F
1		the organization's mission	onse to any question in time	1 4111111 1 1 1 1 1		,
ASA AND MOV	N ADVOCACY G GUN RIGHTS' S EMENT OF STAT	GROUP, THE NATIONAL AS UPPORTERS ON FIREARM	S ISSUES BOTH AT THE L SUN RIGHTS ORGANIZATI	GHT'S (NAGR) PURPOSE I: OCAL AND FEDERAL LEVE IONS, AS WELL AS, ORGAN	L NAGRASSIST	S THE GROWING
2		ation undertake any significa 90 or 990-EZ?		the year which were not list	ed on Yes	√ No
	If "Yes," describ	oe these new services on Sc	hedule O			
3	services? .			how it conducts, any progran	n Yes	√ No
4	Describe the ex Section 501(c)(s for each of the organizatio ons and section 4947(a)(1	n's three largest program se) trusts are required to repor program service reported		
4a	(Code EDUCATION OF UI) (Expenses \$ NITED STATES CITZENS ON THEIR	1,327,838 including grant CONSTITUTIONAL RIGHTS TO KE		venue \$)
4b	(Code) (Expenses \$	ıncludıng grants	of \$) (Rev	renue \$)
4c	(Code) (Expenses \$	ıncluding grants	s of \$) (Rev	renue \$)
4d	Other program (Expenses \$	services (Describe in Sch	edule O) uding grants of \$) (Revenue \$)
4e	Total program	service expenses►\$	1,327,838			

Part IV	Chack	lict of	Dequire	d Sche	dulac
2 11 4 1 4	CHECK	HIST OF	Reduire	a Sche	aures

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV \cdot	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\boxed{\text{Yes}}$ $\boxed{\text{Yes}}$ No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	No
		Form	n 990 (2010)

Form 990 (2010)

			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .		103	140
	1a 11	-		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return	-		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year ⁹	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
	If "Yes," enter the name of the foreign country	.		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νο
	organization solicit any contributions that were not tax deductible?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	.		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
,	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1		
	Enter the amount of reserves on hand 13c			

NATIONAL ASSOC FOR GUN RIGHTS

501 MAIN STREET

WINDSOR, CO 80550 (970) 482-7647

SUITE 200

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule Ocontains a response to any question in this Part VI	
--	--

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
	ction B. Policies (This Section B requests information about policies not required by the Internal		'	
<u>Re</u>	venue Code.)			
		4.0	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<u> N o</u>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		N o
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14		Νο
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		N o
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
	interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor) F

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiz		lated or	ganı	zatio	n cc	mpen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)			Position (check all			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) DUDLEY BROWN EXECUTIVE DI	62 00	х						33,000	0	0
(2) DAVID WARRINGTON PRESIDENT	2 00			х				0	0	0
(3) CHRISTINA JEFFREY SECRETARY	1 00			Х				0	0	0
(4) TOM CAMPBELL TREASURER	1 00			х				0	0	0

\$100,000 in compensation from the organization 🕨

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per	1	(tion that a			II		(D) (E) Reportable compensation from the from related			(F) Estima amount o compens	ated fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W 2/1099-MISC			from from forganizat relat organiza	the ion and ed
_													
_													
b	Sub-Total					٠.		►					
	Total from continuation sheet						 -						
ŀ	Total (add lines 1b and 1c) .							•	33,000)			
	Total number of individuals (in \$100,000 in reportable compe					ted	above) who	received more t	han	•		Г
	Did the organization list any fo on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete S</i>	·				eye	mploy •	ee, o	r highest compe	nsated employee	3	Yes	No No
	For any individual listed on line organization and related organ individual										4		No
	Did any person listed on line 1 services rendered to the organ									n or individual for	5		No
Se	ction B. Independent Co	ntractors											
	Complete this table for your five \$100,000 of compensation from	e highest comper		ındep	ende	ent o	ontra	tors	that received m	ore than			
		(A) ame and business add							De	(B) scription of services		(C Comper	
_													
_													

Form 99	_	Statement of	Revenue					Р
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaig		1,651,555				
gra	Ь	Membership dues						
£ .	С	Fundraising events						
<u>ਰੂਵ</u>	d	Related organization Government grants (co						
Sign Sign	e f	All other contributions,	· 					
黃	-	sımılar amounts not ın	cluded above					
###	g	Noncash contributions	included in lines 1a-1f \$					
a Co	h	Total. Add lines 1	a-1f		1,651,555			
<u> </u>				Business Code				
Program Serwoe Revenue	2a							
æ	b							
MCe	С							
j.	d							
all	e	A.II I						
Ď	f	All other program	service revenue					
	g		a-2f					
	3		ne (including dividends, inte	rest				
	4		amounts)	. •				
	5							
		·	(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income	or (loss)	►				
	_	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d	Net gaın or (loss)						
÷	8a	(not including	n fundraising events					
Other Revenue		\$ of contributions re						
å		See Part IV, line 1	.8 a					
ē	ь	Less direct exper						
₹			ss) from fundraising events	►				
	9a	Gross income from Part IV, line 19	n gamıng actıvıtıes See					
	ь	Less direct expenses						
	c	Net income or (los	ss) from gaming activities					
	10a	Gross sales of inv returns and allowa	nces .					
	 	Less cost of good	a de cold	1,799				
		=	ds sold b ss) from sales of inventory	1	1,799	1,799		
		Miscellaneous F		Business Code				
	11a							
	ь							
	С							
		All other revenue						
	e	Total. Add lines 1:	1a-11d					
	12	Total revenue. See	e Instructions	► -	1 653 354	1 700		

Part IX Statement of Functional Expenses

Do no	ll other organizations must complete column (A) but are not required to c ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		скрепосо	general expenses	Скрепосо
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	125,388	125,388		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	11,722	11,722		
а	Fees for services (non-employees) Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	70,285	65,056		5,229
L 2	Advertising and promotion	3,750	3,750		
L3	Office expenses	69,819	18,720	7,361	43,738
L4	Information technology				
L5	Royalties				
L6	Occupancy	14,929		14,929	
L7	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	594		299	29!
23 24	Insurance				
а	INTERNET MARKETING	556,664	492,035		64,629
ь	MAILING	485,661	429,276		56,385
С	DIRECT LOBBYING	118,501	118,501		
d	TELEMARKETING	52,043	46,001		6,042
e	DONATIONS	24,486			24,486
f	All other expenses	17,389	17,389		
25	Total functional expenses. Add lines 1 through 24f	1,551,231	1,327,838	22,589	200,804
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				

Part X Balance Sheet (A) (B) Beginning of year End of year 46.568 149,712 1 Cash—non-interest-bearing 2 2 Savings and temporary cash investments 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 7 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part 8,494 10a VI of Schedule D 10b 594 7,900 ь Less accumulated depreciation 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 46,568 16 157,612 22,328 27,297 17 **17** Accounts payable and accrued expenses . 18 18 19 19 20 Tax-exempt bond liabilities 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 3.952 22.328 31.249 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 24,240 27 Unrestricted net assets 27 126,363 28 Temporarily restricted net assets 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 24,240 33 33 126,363 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 46.568 157,612 34

orm	990	(20	10)

Ρ	а	a	e	1	2

Par	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1 6	53,354
2	Total expenses (must equal Part IX, column (A), line 25)	2			51,231
3	Revenue less expenses Subtract line 2 from line 1	3			.02,123
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			24,240
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1	.26,363
Par	Table 1 The Check of Schedule O contains a response to any question in this Part XII			.୮	
1	Accounting method used to prepare the Form 990 Cash Accrual Other			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

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DLN: 93493174007311

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ternal Revenue Se	ervice	► Attach to Fo	orm 990. 🟲 See separate	instructions.			Inspec	tion
Name of th	e organiz	zation			Emp	loyer identificat	tion numb	er
NATIONAL ASS INC	SOCIATION	FOR GUN RIGHTS			54.	2015951		
Part I	Organi	zations Maintaining Donor Ac	dvised Funds or Ot	her Similar F			. Comple	te if the
		ation answered "Yes" to Form 99						
			(a) Donor advis	ed funds	(b) Funds and ot	theraccou	ints
. Total n	umber at	end of year						
. Aggreg	ate conti	ributions to (during year)						
8 Aggreg	ate grant	ts from (during year)						
l Aggreg	ate value	e at end of year						
	-	ation inform all donors and donor advi ganization's property, subject to the	_		or advı	sed	☐ Yes	✓ No
used o	nly for ch	ation inform all grantees, donors, and naritable purposes and not for the ben rmissible private benefit					☐ Yes	√ No
Part II	Conser	vation Easements. Complete	ıf the organızatıon ar	iswered "Yes" t	o Forn	າ 990, Part IV	, lıne 7.	
☐ Pr ☐ Pr ☐ Pr ☐ Comple	eservation otection eservation ete lines	onservation easements held by the or on of land for public use (e g , recreati of natural habitat on of open space 2a-2d if the organization held a quali e last day of the tax year	on or pleasure) F	Preservation of an	certified	d historic struct	•	a
						Held at the	End of the	Year
a Total n	number of	f conservation easements			2a			
b Total a	acreage r	estricted by conservation easements			2b			
c Numbe	er of cons	ervation easements on a certified his	toric structure included	ın (a)	2c			
d Numbe	er of cons	ervation easements included in (c) ad	cquired after 8/17/06		2d			
		ervation easements modified, transfe	rred, released, extingui	shed, or terminate	d by th	e organization o	during	
		es where property subject to conserva						
		ization have a written policy regarding the conservation easements it holds?		j, inspection, hand	dling of	violations, and	┌ Yes	✓ No
		eer hours devoted to monitoring, insp	3			,	-	
		nses incurred in monitoring, inspecti				; the year ► \$ _		
		servation easement reported on line 2 and 170(h)(4)(B)(ii)?	?(d) above satisfy the re	quirements of sec	tion		┌ Yes	√ No
balanc	e sheet,	scribe how the organization reports co and include, if applicable, the text of t n's accounting for conservation easen	the footnote to the organ			· ·		
		zations Maintaining Collectionte if the organization answered			or Otl	ner Similar A	Assets.	
art, hıs	torical tr	ion elected, as permitted under SFAS reasures, or other similar assets held XIV, the text of the footnote to its fin	for public exhibition, ed	ucation or researd	ch in fu			e,
histori	cal treas	ion elected, as permitted under SFAS ures, or other similar assets held for j owing amounts relating to these items	public exhibition, educat					
(i) Rev	venues in	icluded in Form 990, Part VIII, line 1				► \$		
(ii) _{As}	sets incli	uded ın Form 990, Part X				▶ \$		
If the o	organızat	ion received or held works of art, historists required to be reported under SFA			or finan			
a Rayanı	ues inclu	ded in Form 990 Part VIII line 1				b- ¢		

Assets included in Form 990, Part X

	••• Organizations Maintaining Co	HECHOIIS OF ALL	ι, πιο		Cai ii				•			nicinaea j
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing [.]	that are	a sıgnıfıca	ant us	se of its c	ollection	ו	
а	Public exhibition		d	Γ	Loan	orexcha	nge prog	rams				
b	Scholarly research		e	Г	O the	-						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	er the or	ganızatıor	ı's ex	empt pur	pose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Fo	orm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	for c	ontribu	itions or	other ass	ets n	ot	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng t	able		Г			A mou	ınt	
c	Paginning halance						-	1c		Alloc		
d	Additions during the year						}	1d				
e	Additions during the year Distributions during the year						}	1e				
_	•						-					
f	Ending balance	000 5					L	1f				<u> </u>
2a	Did the organization include an amount on Fo		e 21?							J	Yes	√ No
	If "Yes," explain the arrangement in Part XIV		<u> </u>		ad 113.4	011 to 15	000	D- '	- T\	. 10		
Рα	rt V Endowment Funds. Complete	(a)Current Year)Prior			Orm 990, Years Back		hree Years) Four Y	ears Back
1a	Beginning of year balance	(a) curient real	(5	<i>)</i> 1 1101	rear	(c)iwo	Tears back	(4)	THEC TEATS	back (c	ji our i	curs back
ъ	Contributions							+				
c	Investment earnings or losses							+				
d	Grants or scholarships							+				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance							1				
2	Provide the estimated percentage of the yea	rend halance held	as			<u> </u>		1				
a	Board designated or quasi-endowment	r cha balance hela	us									
	·											
b	Permanent endowment 🕨											
с Э-	Term endowment											
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	tnat	are nei	a and ad	ministere	a for t	ne		Yes	No
												
	(i) unrelated organizations									3a(i)		No
	-		· .							3a(i) 3a(ii)		N o N o
b	(i) unrelated organizations							• • •				
4	(i) unrelated organizations (ii) related organizations		d on S dowm	chec ent fu	lule R? inds			· .		3a(ii)		No
4	(i) unrelated organizations		d on S dowm	chec ent fu	lule R? inds			10.		3a(ii)		No
4	(i) unrelated organizations (ii) related organizations		d on S dowm	ent fu	lule R? inds orm 9 a) Cost (90, Par		other		3a(ii)	(d) B	No
4 Par	(i) unrelated organizations (ii) related organizations		d on S dowm	ent fu	lule R? inds orm 9 a) Cost (90, Par	t X, line	other		3a(ii) 3b	(d) E	No No
4 Par	(i) unrelated organizations (ii) related organizations		d on S dowm	ent fu	lule R? inds orm 9 a) Cost (90, Par	t X, line	other		3a(ii) 3b	(d) B	No No
Par	(i) unrelated organizations (ii) related organizations		d on S dowm	ent fu	lule R? inds orm 9 a) Cost (90, Par	t X, line	other		3a(ii) 3b	(d) B	No No
Par 1a b c	(i) unrelated organizations		d on S dowm	ent fu	lule R? inds orm 9 a) Cost (90, Par	t X, line	other		3a(ii) 3b	(d) B	No No
1a b c	(i) unrelated organizations		d on S down	ent fu	lule R? inds orm 9 a) Cost (90, Par	t X, line (b)Cost or basis (ot	other		3a(ii) 3b		No No

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of the of year market value
(2)Closely-held equity interests		
Other		
	o Form 000 Part V June 1	12
Part VIII Investments—Program Related. Se		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	1	
10 tall (Colaini (2) encare equal (citi 22) , tall () encare 20)	•	
Part IX Other Assets. See Form 990, Part X, II	ne 15.	
Totali (Colaini (2) circuit equal (circ) circ (2) inic 20)	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, In (a) Described in the second seco	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, In (a) Description (b) Should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X	ne 15. ption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	
Part IX Other Assets. See Form 990, Part X, In (a) Description Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	

additional information

Return Reference | Explanation

Ident if ier

- 6	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
	Excess or (deficit) for the year Subtract line 2 from line 1	2
ŀ	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
5	Investment expenses	6
,	Prior period adjustments	7
3	Other (Describe in Part XIV)	8
)	Total adjustments (net) Add lines 4 - 8	9
0		10
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
<u>. 1</u>	Total revenue, gains, and other support per audited financial statements	1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-
a	Net unrealized gains on investments	
b	Donated services and use of facilities	
5	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	2e
_	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
5	Add lines 4a and 4b	4c
-	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	Reconciliation of Expenses per Audited Financial Statements With Expenses	
	Total expenses and losses per audited financial statements	1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	
ь	Prior year adjustments	
2	Other losses	
d	Other (Describe in Part XIV) 2d	
е	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
	Other (Describe in Part XIV)	
b	Addings 4s and 4b	4c
b c	Add lines 4a and 4b	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Schedule D (Form 990) 2010

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DLN: 93493174007311

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Name of the organization

NATIONAL ASSOCIATION FOR GUN RIGHTS INC

Employer identification number

54-2015951

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	AS AN ADVOCACY GROUP, THE NATIONAL ASSOCIATION FOR GUN RIGHT'S (NAGR) PURPOSE IS TO EDUCATE GUN OWNERS AND GUN RIGHTS' SUPPORTERS ON FIREARMS ISSUES BOTH AT THE LOCAL AND FEDERAL LEVEL NAGR ASSISTS THE GROWING MOVEMENT OF STATE-LEVEL GRASSROOTS GUN RIGHTS ORGANIZATIONS, AS WELL AS, ORGANIZING GRASSROOTS ADVOCACY AT EVERY LEVEL WITHIN THE UNITED STATES

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	NO REVIEW WAS OR WILL BE CONDUCTED

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC

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Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493174007311

OMB No 1545-0172

2010

Department of the Treasury nternal Revenue Service (99)	•	See separate in	st ruct ions	. 🕨 Attach t	to your tax r	eturn.		Attachment Sequence No 67
Name(s) shown on return NATIONAL ASSOCIATIO INC	ON FOR GUN RI	GHTS		or activity to w		n relates		dentifying number 4-2015951
	To Expense (Certain Prop						1 2010301
	ou have any li				re you con	nplete Part I.		1
1 Maximum amount See		_					1	500,000
2 Total cost of section 1							2	
3 Threshold cost of sect					uctions) .		3	2,000,000
4 Reduction in limitation							4	
5 Dollar limitation for tag		line 4 from line	1 Ifzero c	or less, enter - ()- If married	filing		
separately, see instru	ctions			1		<u>· · · · </u>	5	
6 (a)	Description of pi	roperty		(b) Cost (bu		(c) Elected co	st	
				011	177			1
								1
7 Listed property Enter	the amount from	line 29 .			. 7			
8 Total elected cost of s	ection 179 prop	erty Addamou	nts ın colu	mn (c), lines 6	and 7 .		8	
9 Tentative deduction E	nter the smaller	of line 5 or line	8 .				9	
10 Carryover of disallowe	d deduction from	ı lıne 13 of vour	2009 Fori	m 4562 .			10	
11 Business income limitation		•			ee instructions)		11	
12 Section 179 expense		,		,			12	
13 Carryover of disallowe		•			. 13	<u> </u>		
Note: Do not use Part								
						include listed pro	pert	y) (See instructions)
14 Special depreciation a tax year (see instructi	llowance for qua						14	
15 Property subject to se	ction 168(f)(1) e	election .				[15	
16 Other depreciation (in	cluding ACRS)						16	594
Part IIII MACRS De	epreciation (l	Do not includ	e listed p	roperty.) (Se	e instructio	ns.)		
				ction A				I
17 MACRS deductions fo	r assets placed ı	n service in tax	years beg	ınnıng before 2	010 .		17	
18 If you are electing		•	ın service	during the ta	ax year into			
general asset accou						<u>▶l </u>		
Section B-Ass	<u>ets Placed in</u>	(c) Basis		U lax Year	Using the	General Depr	<u>ecia</u>	ition System
() () () ((b) Month and	depreciat		(1) 5				() 5
(a) Classification of property	year placed in	(business/inv		(d) Recovery period	(e) Conven	ion (f) Method	ı	(g) Depreciation deduction
property	service	use		period				acaaction
19a 3-year property		only—see insti	ructions)					
b 5-year property								
c 7 - year property								
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property				25 yrs		S/L		
h Residential rental				27 5 yrs	MM	S/L		
property				27 5 yrs	MM	S/L		
i Nonresidential real property				39 yrs	MM	S/L		
	n C—Assets Dia	ced in Service D	uring 2010	Tay Vear Heine	MM Tthe Alterna	S/L tive Depreciation	Syst	
20a Class life	ZII C—ASSELS PIRE	Service D	army 2010	iax i cai USING	, the Aiteilla	S/L	Jysic	CIII
b 12-year	1			12 yrs		S/L	\dashv	
c 40-year				40 yrs	ММ	S/L	$\neg \uparrow$	
	ry (see instruc	tions)		·	•	· · · · · · · · · · · · · · · · · · ·		
21 Listed property Enter	amount from line	28					21	
22 Total. Add amounts fro and on the appropriate							22	594
23 For assets shown above portion of the basis at:	•	_		• •	23			

Form 4562 (2010) Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre		nd Other I										or pa	sseng	er au	tomot	iles.)
24a Do you have evidei	nce to support	the business/inv	estment u	ise claimed	d? ┌Yes	Гио		2	4b If "	Yes," is	the ev	ıdence	written?	Гүе	sГN	o
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba	rother (husiness/investment)			(f) Recove period	covery Method/			(h) Depreciation/ deduction			(i) Elected section 179 cost		
25Special depreciation allo	•		rty placed	ın service (during the	tax year	and u	ısed mo	re than	25						
26 Property used mor	e than 50%	ın a qualıfıed	business	use										· ·		
	%															
		%							+		+					
27 Property used 50%	orless in a	qualified bus	ıness us	е												
		%							S/L - S/L -		_			_		
		%							S/L -		+			\dashv		
28 Add amounts in c	olumn (h), lır	nes 25 throug	h 27 En	ter here a	and on li	ne 21, ¡	oage	1 .	2	8						
29 Add amounts in c	olumn (ı), lın	e 26 Enter h	ere and c	n line 7,	page 1				. –			29		•		
		Se	ction B	—Infor	mation	on U	se c	of Vel	nicle	5						
Complete this section If you provided vehicles to														e vehic	les	
					a)	(I		III CXCCP	(c)	Complet	(d			<u>) (verne</u> ∋)		f)
30 Total business/investment miles driven during the year (do not include commuting miles)			ing the	Vehi	icle 1	Vehi	cle 2		ehicle	3	Vehic	le 4	Vehi	cle 5	1	
31 Total commuting	miles driven	during the ye	ar .													
32 Total other person	nal(noncomn	nuting) miles	drıven													
33 Total miles driver through 32	during the y		s 30													
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle u owner or related p		by a more th	nan 5%													
36 Is another vehicle	avaılable fo	r personal us	e? .													
Section Answer these question 5% owners or related	ns to determ		et an exc	-											not mo	re than
37 Do you maintain a employees?		y statement								_	mutin	g, by y •	our.	<u> </u>	es	No
38 Do you maintain a employees? See t		•	•	•							-, .	your • .				
39 Do you treat all us	se of vehicle:	s by employe	es as pei	rsonal us	e? .											
40 Do you provide movehicles, and reta				oyees, ol	btaın ınfo	rmatio	n froi	m your	emplo	yees	about •	the us	e of th	e T		
41 Do you meet the r	equirements	concerning	ualified	automobi	ıle demor	nstratio	n us	e? (Se	e instr	uction	s)					
Note: If your answ	•	_						-			•					
	rtization	, , ,		-,												
(a) Description of c		(b) Date amortization	ı	(c A mort a mo	ızable			(d) Code ection	А	(e) mortiz perio	atıon			(f) rtizationis yea		
		begins								percen	tage			y e i		
42 A mortization of co	osts that beg	ıns durıng yo	ur 2010	tax year	(see ins	truction	ıs)		-		Т					
									_							
42 A m c = 1		b	2010 :							T	43					
43 A mortization of co	-	•		·	ere to re	• port			•	•	43 44					